DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES		
DIVISION OF ENVIRONMENTAL HEALTH		
CHILD CARE FACILITY		
INSPECTION REPORT		
REASON GRADE Inspection Date: ESTABLISHMENT NAME:		-9-0
	SANCTUARY FÉMALE EMERGENCY SHELTER OWNER/OPERATOR:	
omplaint SANCTUARY INC.		
1./ (58) 0/11 20 (5.00)	nment Type:	
A 200002118	emporary .	Expire
No. of Children: _O_Male _4Female _4Total		
The following items identify violations found this day in the operations and facilities which must	be corrected	by the next
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or po	ermit suspen	sion. To appe
a written request for hearing must be submitted before the indicated correction		
ITEM* REMARKS	DEMERIT	CORRECTE
A REGULAR INSPECTION WAS CONDUCTED TOWAY. PROMOUS INS	PETION	THE PERSON NAMED IN
DATED ON 04/18/ 2019, RESULTED IN A GRADE/ RATING OF	=	HIVE NO.
DA. THE FOLLOWING WHILE OBSERVED TODAY!		
NO YOUATIONS WERE DISSERVED.	_	
	1	- 4
PHOTOS WERE TAKEN. REMOVED PVACARD "A"NO. 03056.		
POSTED PLACARO "A" NO. 02763 IN THE FOYER AREA.	-11-11	
DISCUESOO THIS REPORT WITH LOLANI GILTINAG.		HULLISH L
POSIDENTIAL SUPERVISOR		
CASE MANAGER.		1000
I have read and understand the above violation(s) and I am aware of the corrective me		

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Rev: 08/2/05

DEH-06

\*Note: When any of the following items are

cited above, they shall be corrected within 10 days of this inspection:

DEH Inspector (Name & Title):/

V. PAYMULLIDO, EPHO I

Received By (Name & Title):

LEILANI GUTINAG / CASE MANAGERL